IN with prono

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Application of: JERRELL HEIN BT AL.

Filed:

MARCH 4, 1998

For:

SEPARATION OF RING DETECTION FUNCTIONS ACROSS

ISOLATION BARRIER FOR MINIMUM POWER

Serial No.:

09/034,453

Group Art Unit:

2644

Examiner:

SINGH, R.

Atty. Dkt:

SILA:019

Pursuent to 37 C.F.R. 1.8, I certify the sing deposited with the U.S. Postal Service in an envelope

CHANGE OF STATUS TO LARGE ENTITY

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Pursuant to 37 C.F.R. § 1.27, applicant hereby withdraws its request for small entity status and hereby seeks large entity status.

Respectfully submitted,

Reg. No. 36,788

Attorney for Applicant

O'KEEFE, EGAN & PETERMAN 1101 Capital of Texas Highway South Building C, Suite 200 Austin, Texas 78746 (512) 347-1611 FAX: (512) 347-1615

PART B - FEE(S) TRANSMITTAL

m, together with applicable fee(s), to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231



MAILING INSTRUCTIONS:

where appropriate. All further commindicated unless corrected below or discussed to the corrected below or discussed unless corrected by the discussion

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or see Block 1)

11/30/2001

RICHARD D EGAN JONES O'KEEFE & EGAN 1101 CAPITAL OF TEXAS HIGHWAY SOUTH **BUILDING C SUITE 200 AUSTIN, TX 78746** 

Note: The certificate of mailing below can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing
I hereby certify that this Fee(s) Transmittal is being deposited with the
United States Postal Service with sufficient postage for first class mail in an
envelope addressed to the Box Issue Fee address above on the date
indicated below.

(Depositor's as

APPLICATION NO.	FILING DATE	PIRST NAMED INVENTOR	T	
09/034,453	03/04/1998	INDUST I D COMP.	ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: SE	PARATION OF RING DE	TECTION FUNCTIONS ACROSS ISOLATION BARRIED E	SILA:019	3365

OR MINIMUM POWER

					and the second s		
TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL PERIOD DATE		
24	nonprovisional	YBS	9649		TOTAL FEE(S) DUE	DATE DUE	
		. 123	\$640	<b>\$0</b>	\$640	02/28/2002	
<u> </u>	MINER	ART UNIT	CLASS-SUBCLASS				
SINGH, RA	MNANDAN P	2644	379-399010				
1 Charge of commen	den e e d d					Cto Ent	eı
	O form(s) and Customer	ion of "Fee Address" (37 Number are recommended,	2. For printing on	the patent front page, li	ist (1)	-w	
but not required.			lune names of up to	3 remistered natent atto	TTIPUE O	Foan C	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents UK, alte	matively, (2) the name			
			athorner or seem)	as a member a regis	stered Peterm	an, LLP	
U "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.			registered patent at	orneys or agents. If no	10 Z		
			is listed, no name w	ill be printed.	3		
ASSIGNEE NAME A	ND PRSIDENCE DAT	TO BE PRINTED ON TH		·			
THE PARTY OF THE P	KENDERCE DAI	IO BE LKTULED ON LH	E PATENT (print or type	) (			

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Silicon Laboratories Inc.

Austin, Texas

Please check the appropriate assignee category or ca	ategories (will not be printed on the network)	thindrident Management		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):	First Both and C Bovenime		
& Issue Fee	The state of the s	int of the fee(s) is enclosed.		
∪ Publication Fee	U Payment by credit card. Form PTO-2038 is attached.			
& Advance Order - # of Copies9	9 25 The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 10-1205 (enclose an extra copy of this form).			
The COMMISSIONER OF PATENTS AND TRAD		ee and Publication Fee (if any) to the application identified above.		
(Authorized Signature)	(Date)	The state of the s		
Mil Com	1/23/02	·		
NOTE: The Issue Fee and Publication Fee (if re- other than the applicant; a registered attorney or interest as shown by the records of the United State	quired) will not be accepted from anyone			
Burden Hour Statement: This form is estimated to depending on the needs of the individual case. Any to complete this form should be sent to the Chief and Trademark Office, Washington, D.C. 20231. I FORMS TO THIS ADDRESS. SEND FERS.	take 0.2 hours to complete. Time will vary comments on the amount of time required information Officer, United States Patent DO NOT SEND FEES OR COMPLETED NOT THE FORM TO: Box Learn Formation Officer, United States Patent Formation of the Part Formation of the Par	03/18/2002 MMDLDER2 00000026 101205 09034453		
Assistant Commissioner for Patents, Washington, E	).C. 20231	02 FC:561 27.00 CH		
Under the Paperwork Reduction Act of 1995, reollection of information unless it displays a valid of	no persons are required to respond to a DMB control number.	02 101004 E1177 01		

TRANSMIT THIS FORM WITH FBE(S)

Page 2 of 3

PTOL-85 (REV. 07-01) Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE